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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/811,096			ing Date 26/2004	To be Mailed	
	AF	PPLICATION	AS FILE	SMALL	ENTITY \square	OR		HER THAN					
-	FOR	N	NUMBER FILED		(Column 2) NUMBER EXTRA			RATE (\$)	FEE (\$)	Γ	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.18(a), (b),	or (c))	N/A		N/A			N/A	,,,	1	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i), (i	N. /	N/A		N/A		1	N/A		1	N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),	E	N/A		N/A		1	N/A		1	N/A		
	TAL CLAIMS CFR 1.16(i))		minus 20 =					x s =		OR	x \$ =		
	DEPENDENT CLAIM CFR 1.16(h))	S	minus 3 =			•		x \$ =	Ü		x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	If the specification and drawing sheets of paper, the application is \$250 (\$125 for small entity) additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37			n size fee due for each n thereof. See							
	MULTIPLE DEPEN	ESENT (3	7 CFR 1.16(j))]							
* If	the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL			TOTAL		
	APPLICATION AS AMENDED - (Column 1) (C				PART II			SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
AMENDMENT	04/02/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATĖ (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18(i))	• 104	Minus	·· 104	4	= 0		x s =		OR	X \$50=	0	
	Independent (37 CFR 1.16(h))	• 4	Minus	***4		= 0		x s =		OR	X \$200=	0	
M	Application Size Fee (37 CFR 1.16(s))											1	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(J))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
		(Column 1)		(Colu	mn 2)	(Column 3)							
AMENDMENT	इ ळा/ज	CLAIMS REMAINING AFTER AMENDMENT	,	NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	· / D4	Minus	;	04	= D		x \$ =		OR	x \$ =	8	
	Independent (37 CFR 1.18(h))	٠ ' ੫	Minus	***	и	= <i>O</i>		x s =		OR	x \$ =	0	
EN	Application Size Fee (37 CFR 1.16(s))												
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
							. '	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	Ø.	
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3. • If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". • If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

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